



August 24, 2016

Dr. Trevor Douglass, DC MPH
Provider Clinical Support Unit Manager
Oregon Health Authority
500 Summer St. NE
Salem, OR 97301

RE: Contract 151473 – Concerns Regarding Future Deliverables and Outstanding Deliverables

Dr. Douglass,

KEPRO is committed to our partnership with the Oregon Health Authority and our obligations under contract 151473. We understand your concerns and have outlined our approach to addressing each of the issues you have outlined in your letter dated August 16th 2016. KEPRO's commitment is organization wide and our Oregon office has the full support of me and all corporate resources available. Building of our performance for the past seven years, we will continue to deliver for OHA and fulfill any and all deliverables identified, as will be the case here as well.

I will address each below and detail our immediate actions to remedy any outstanding deliverables.

Contract Requirement: Medical Appropriateness Reviews – Page 30-34 of Contract 151473

OHA Expectation:

- KEPRO hires staff as described in the RPF presentation. 1 MH manager, 6 clinical staff, 2 coordinator staff. (Proposal's organization chart is dated March 24, 2016; Section 3. Page 2 of KEPRO's proposal).
- KEPRO identified and begins implementation of MAR process improvement, operations effectiveness and cost savings.
- KEPRO is expected to bring a consultative position to innovate and improve the Oregon Mental Health Residential system through impactful utilization management as described in the contract. This should include data analysis and a mindful approach to developing capacity and targeting specific members within the system. This all had a deliverable date of July 1, 2016.

KEPRO Deliverable to Date:

- 1 MH manager, (4 existing staff repurposed) 1 support staff, 1 date entry. 3/9 new hires total for contract expectation.
- KEPRO is managing current referral levels and meeting the 10 day requirement for authorization. KEPRO is maintaining previous OHA process without change.

KEPRO Response:

- KEPRO remains committed to deliver on all deliverables as outlined in our contract. As



acknowledged above, "KEPRO is managing current referral levels and meeting the 10 day requirement for authorization."

- Regarding Staffing: Kevin Minor has taken on the role of Behavioral Health Manager and has hired one Support Coordinator and one Data Entry Operator. Two additional full time resources have been redeployed temporarily to provide additional support (Jude Treinen and Angus Dunlavey). Dr. McWilliams has expanded his hours to support the transition. Overtime has also been used to ensure compliance to the turnaround times. These six resources will be supplemented by three new hires- scheduled to come on board on 8/29, 9/6 and 9/12, respectively. This will bring the total to nine by 9/12.
- KEPRO is fully aware of the critical need for these resources to be in place. Creative approaches including signing bonuses and engagement of nine different recruiting organizations are being employed to address this.
- In addition, KEPRO has hired a highly-qualified, highly experienced Psychiatrist who is also a Medical Doctor. She will represent KEPRO well with her experience in the Oregon healthcare system and she starts immediately.
- KEPRO has successfully brought up the required web-site and phone system which has taken on a higher volume of calls due to the backlog of referrals from OHA at go-live and due to the fact that a majority of the referral authorizations expired on June 30th. The combination of these two events has been an additional challenge but one that we have handled well resolving the backlog and processing the required additional authorizations.

Database Development

OHA Expectation:

- Contractor shall develop an electronic database to track the receipt, content and outcome of the Referral. Contractor shall electronically archive the Referrals and the clinical documentation accompanying each request. Contractor shall provide OHA access to the archived documentation – This can be found on Page 28 of contract number 151473.

KEPRO Deliverable to Date:

- OHA would have been provided referral documentation or access to information. This was a deliverable for July 1, 2016.
- OHA is required to conduct an audit review and approve at a minimum 328 referrals annually to meet CMS requirements.

KEPRO Response:

- The Atrezzo System has been enhanced to deliver on all of the deliverables of this contract. This system has been up and running in production since go-live on July 1, 2016. Staff received significant training on the system prior to go-live. All referrals are entered into the Utilization Management and Case Management modules to house the required clinical documentation.
- Access to the system can be made available through our Information Systems Department. Please let us know the names of OHA employees that need access or training so we can coordinate this activity. In addition, as requested, the shared database has gone live allowing OHA staff to access standard reporting via IP Switch. This will enable us to share reporting as required without the burden of sending secure emails back and forth between organizations.

Communication Materials

Contractor Requirement

- Contractor shall develop communication materials that describe the Referral, eligibility determination, and independent assessment process. This can be found on Page 29 of contract number 151473.

OHA Expectation:

- Material developed by contractor and provided to provider community. This was a deliverable for July 1, 2016.

KEPRO Response:

- Prior to July 1, 2016, a full web-site was developed that clearly provided all the necessary information and instruction on how to communicate with KEPRO, how to access all the necessary forms, and how to complete all necessary 1915i activities. These are all functioning very well and have been since go-live.
- In addition, a two page summary of services was developed and shared with several critical audiences throughout OHA. This could also be shared with the provider community as needed as mentioned above. There are no specific requirements in the contract to send these materials to the provider community, but we will be glad to do so as desire by OHA.

Conflict Free Case Management Services – effective October 1, 2016; page 34 of contract

OHA Expectation:

- KEPRO will have appropriate staff trained and available for OSH and community case management requirements by October 1st. This work is connected with Medical Appropriateness Review and Eligibility Reviews. Having staff capacity to garner experience and exposure to providers and members as early as July 1, 2016 will improve KEPRO's ability to integrate and provide innovation to OSH and other system processes. Without key clinical staff resources in place early, processes and procedures that will be necessary to ensure the success of Oregon State Hospital engagement will lack the much needed innovation and redesign from a grounded, organized and informed KEPRO Clinical team. That can only be done with the investment of staffing and engagement in developing these innovations and processes. Due to existing discussion with OSH and USDOJ project staff OHA has concerns around KEPRO's ability to provide the leadership require to move toward the direction needed to achieve metrics.

KEPRO Deliverable to Date:

- Not due. Only 1 Managing Clinical staff member dedicated to this body of work. This is not adequately resourced, and evidenced by KEPRO staff multi-purposing existing staff to try and cover this work.

KEPRO Response:

- KEPRO is committed to meet all deliverables including those connected to the Oregon State Hospital (OSH). Our management team has already engaged weekly at meetings with the OSH. In addition, we have participated in the analysis of workflow processes, background materials, training materials etc. to ensure we have a comprehensive understanding of the challenges that the system.
- As stated above, KEPRO has a clear understanding of the staff that is required to deliver on all contract requirements. The hiring of staff remains our top priority as described in our initial response above.



Treatment Episode Monitoring effective October 1st 2016

OHA Expectation:

- KEPRO will have analyzed services currently provided to recipients and have plan to monitor services authorized. KEPRO will have appropriate staffing levels to conduct site reviews and UR activities throughout the state.

KEPRO Deliverable to Date:

- Note due. Only 1 Managing Clinical staff member dedicated to this body of work. Without adequate resources, KEPRO will be unable to deliver.

KEPRO Response:

- As stated above, KEPRO clearly understands the requirements of the contract and will be adequately staffed to deliver.
- We will ensure that all staff is hired and trained prior to going live with this activity
- In addition, we will ensure that OHA is aware of our status related to hiring appropriate staff.
- The steps outlined in our initial response above will address this need sufficiently.

Contractor shall collect and report data for the 1915i quality assurance report. Data must be reported quarterly and shall include: (page 30 of contract)

OHA Expectation:

- QIS data by September 30, 2016

KEPRO Deliverable to Date:

- Not due.

KEPRO Response:

- KEPRO would like an opportunity to discuss with OHA the best due date for this report to ensure it meets all the needs of OHA. Given the first quarter of 1915i will end on September 30th. We suggest that November 15th may be appropriate given the due dates for the other Quarterly Reports in the contract.
- KEPRO IT has already begun putting together the business requirements analysis necessary to properly develop the report elements specified on page 30 section 13 of the contract.
- All reports will be run out of our Atrezzo operating system.
- Once all business requirements are complete, programming will be done and initial reports will be quality tested (estimated for the week of September 12th).
- In the quality process, we will include OHA in the review process to ensure that the extensive reporting meets your requirements. Any adjustments to format or content could be made at that time.

Contractor shall develop and provide an ongoing accessible report containing information about fee-for-service members currently in a licensed level of care, including AFH, RTH, RTF, SRTE, and other settings as available.

OHA Expectation:

- OHA will have access to report beginning October 1st that accurately captures the Residential system census.

KEPRO Deliverable to Date:

- Note due.

**KEPRO Response:**

- Similarly to the development process described above for the QIS reporting, KEPRO IT is currently documenting the business requirements for the census report.
- Once complete, programming will begin to be shortly followed by the quality assurance steps necessary to generate a quality report. We anticipate doing quality assurance by the week of September 12th to ensure time for any adjustments to format or content.
- This report will be run out of the Atrezzo system and will reflect information submitted to date by providers for the 1915i eligibility and services.
- Should a more comprehensive census report be require of all residents in each setting, we can work with OHA IT to develop reporting via MMIS or other OHA systems as appropriate.

Physical Health Prior Authorizations effective September 1st 2016 – this is outlined in Amendment 1 of contract.**OHA Expectation:**

- KEPRO has less than 3 weeks too fully train staff to complete PA's within the MMIS PA Subsystem according to OAR's and HERC's Prioritized List. Typically, training Medical Review Coordinators takes 1 month and coordination with the MMIS training staff. Training workshops will be set up for the week of the 22nd. If staff can be present August 23rd forward, there is a good chance adequate training can occur and permissions can be garnered.

KEPRO Deliverable to Date:

- No staffing decisions have been communicated to OHA. KEPRO hasn't requested trainings from OHA to be set up and planned for this on-boarding. Outside of internal staff not being viable candidates, it is not clear that KEPRO has been successful in securing candidates who can be successful in this role within the constructs of Oregon's Medicaid Program. With success meaning timely completion of Prior authorizations according to both OAR and Oregon's prioritized list within the MMIS. Timeliness is defined as meeting the contract specified timelines of 10 business days for routines and 24 hours for immediate requests and 72 hours for urgent requests.

KEPRO Response:

KEPRO has two qualified Utilization Management Nurses who began employment on August 22nd and are awaiting state training scheduled for August 25th at 500 Summer NE; Salem, OR. Both employees report to Dr. McWilliams. Recruitment efforts are continuing for additional staff, as needed.

Clinical Advisory Committee Meetings – page 40 of contract**OHA Expectation:**

- KEPRO would be seeking OHA feedback and developing strategies on what these community based strategies can help identify to improve system experiences for all players within the system. OHA hopes to seek opportunities to align clinical engagement with the communities that are served by the clinical resources as much as possible.

KEPRO Deliverable to Date:

- No KEPRO initiated discussion to date.

KEPRO Response:

- Beginning on the meeting on September 19, 2016, this item will be added to the agenda of our Care Coordination/Nurse Triage Line Monthly check in meeting. At this time we can discuss strategies, possible participants, a charter, possible agenda items, etc. and ensure that this group is convened two times per calendar year.



We look forward to not only discussing the above items but ways we can ensure that there is no further disconnect and that all of our goals remain in alignment with the this very important work.

Sincerely,

Meghan Harris
EVP Chief Operating Officer
KEPRO

CC:

John R. DiPalma
Colette Riehl